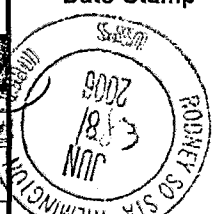


## **EXHIBIT "B"**

Registered No. <b>RA 016 123 152 US</b>		Date Stamp	
To Be Completed By Post Office	Reg. Fee <b>7.90</b>	 <p>Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).</p>	
	Handling Charge		Return Receipt <b>1.85</b>
	Postage <b>4.83</b>		Restricted Delivery
	Received by <b>REM</b>		
	Customer Must Declare Full Value \$ <b>0</b>		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance
<b>OFFICIAL USE</b>			
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	<b>COHEN, SEGLIAS, PALLAS, GREENHALL &amp; FURMAN, P.C.</b> <b>Nemours Building</b> <b>1007 Orange Street, Suite 1130</b> <b>Wilmington, DE 19801</b>	
	TO	<b>SPECIAL SERVICE CONTRACTORS, INC.</b> <b>215 COCKEYSVILLE RD.</b> <b>COCKEYSVILLE, MD 21236</b>	

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer  
 May 2004 (7530-02-000-9051) (See Information on Reverse)  
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